

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



January 23, 2007

TO: STATE ADVISORY COUNCIL MEMBERS  
MUTUAL ASSISTANCE ASSOCIATIONS  
VOLUNTARY AGENCIES  
COUNTY REFUGEE FORUMS  
COUNTY REFUGEE COORDINATORS  
PROVIDERS OF SERVICES FOR TORTURE AND TRAFFICKING VICTIMS

SUBJECT: NOMINATIONS FOR THE STATE ADVISORY COUNCIL ON REFUGEE  
ASSISTANCE AND SERVICES (SAC)

This letter is to invite you to submit nominations for potential candidates to become members of the SAC.

The SAC, which was established by the California Department of Social Services (CDSS) in accordance with the Federal Refugee Act of 1980, meets quarterly to discuss matters pertaining to refugee resettlement. Members provide input on critical issues affecting refugees and make recommendations regarding policy decisions that are crucial to the development of cost-effective, sensitive and comprehensive refugee resettlement programs in California. The SAC members represent a cross-section of all sectors involved in, or affected by, the refugee resettlement process. Membership is comprised of 15 individuals, seven public members and eight organizational members.

Currently, there are two public seats vacant on the SAC. The SAC public members are appointed for three-year terms, and they may serve two consecutive terms. Members do not receive a salary for serving on the SAC; however, they are reimbursed for allowable expenses such as travel and meals for attending quarterly meetings, in accordance with CDSS travel policies.

If you would like to nominate a person or yourself to serve on the SAC, please complete the enclosed nomination form and submit it by March 9, 2007, to:

California Department of Social Services  
Refugee Programs Bureau  
Attn: SAC Nominations  
744 P Street, Mail Station 6-646  
Sacramento, California 95814  
Fax Number: (916) 654-7187  
E-mail: [RPB@dss.ca.gov](mailto:RPB@dss.ca.gov)

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Thank you for your attention to this important program need. Should you have any questions, please contact Thuan Nguyen, Chief of the Refugee Programs Bureau, at (916) 654-4356.

Sincerely,

***Original document signed by Linda Lewis  
for Venus Garth on 1/23/07***

VENUS GARTH, Chief  
Child Care and Refugee Programs Branch

Enclosure

**APPLICATION/NOMINATION FORM  
STATE ADVISORY COUNCIL (SAC) ON  
REFUGEE ASSISTANCE AND SERVICES**

1. Name of Nominee: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone Number: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

4. Gender of Nominee: Male \_\_\_\_\_ Female \_\_\_\_\_

5. Country of Origin or Ethnic Representation of Nominee:

\_\_\_\_\_

6. List of Activities involving the refugee community in which the Nominee is engaged  
(or has engaged) (Attachments can be added):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Write a brief statement indicating how the Nominee could contribute to the operation  
of SAC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you nominating yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If the answer to question No. 8 is No, please complete the following:

a. Name of Person/Organization making the nomination:

\_\_\_\_\_

b. Address of Person/Organization making the nomination:

\_\_\_\_\_

c. Telephone Number of Person/Organization making the nomination:

\_\_\_\_\_

Please mail, fax or e-mail the completed form to:  
California Department of Social Services  
Refugee Programs Bureau  
744 P Street, MS 6-646, Sacramento, CA 95814  
Fax: (916) 654-7187 E-mail: [RPB@dss.ca.gov](mailto:RPB@dss.ca.gov)